



JOB OPPORTUNITY

Sr. Disaster Services Analyst Regional Disaster Medical Health Specialist

The Los Angeles County Emergency Medical Services Agency is actively recruiting an individual to fill the position of Senior Disaster Services Analyst. This position will assume the duties of the Regional Disaster Medical Health Specialist for the California Governor's Office of Emergency Services Mutual Aid Region One. Region One includes the counties of: Los Angeles, Orange, Ventura, Santa Barbara and San Luis Obispo. This region has a combined population of approximately 14,000,000 people.

The RDMHS will coordinate and provide communications and information as a liaison to the California Emergency Medical Services Authority, California Department of Health Services and other allied disaster management entities both public and private. A working knowledge of the Incident Command System (ICS), Standardized Emergency Management System (SEMS), Hospital Incident Command System (HICS) and National Incident Management System (NIMS) is a must. Experience in prehospital care is desirable. An incumbent in this position must exercise a working knowledge of the Federal, State, and County policies, plans and guidelines for emergency/disaster management.

Duties will include but are not limited to: scheduling and conducting regional disaster management meetings, maintaining regional contact lists, planning, coordinating and evaluating disaster exercises, writing after action reports for exercise and actual disaster events. Primary job responsibility involves working with the Regional Disaster Medical Health Coordinator (RDMHC) for Region One in completing grant objectives as provided by the California EMS Authority and California Department of Health Services under the RDMHS grant.

Job duties of the Senior Disaster Services Analyst can be found in the LA County Department of Health Services Job Announcement Exam number Y-1515-D (attached). An official job application must be completed and may be submitted with supplemental supporting documentation (resume/certifications/licenses). Additional information may be found at: <http://ladhs.org/hr>.

Questions regarding the application process may be directed to the LA County DHS Recruiting and Examination Office (323) 890-7924. Additional questions pertaining to the RDMHS position may be directed to: James Eads, Sr. EMS Program Head, LA County EMS Agency (562) 903-7049 or jeads@ladhs.org



Career Opportunities

COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES

ALL POSITIONS ARE OPEN TO QUALIFIED MEN AND WOMEN PURSUANT TO THE AMERICANS WITH DISABILITIES ACT (ADA) OF 1990. DISABLED PERSONS WHO BELIEVE THEY NEED REASONABLE ACCOMMODATION, OR HELP IN ORDER TO APPLY FOR A POSITION, MAY CONTACT THE ADA DEPARTMENTAL COORDINATOR AT (323) 869-7112. HEARING IMPAIRED APPLICANTS WITH TDD EQUIPMENT MAY LEAVE TYPEWRITTEN MESSAGES BY CALLING THE COUNTY COORDINATOR OF PERSONS WITH DISABILITIES AT (213) 974-0911.

BULLETIN NUMBER: 2004-195-020:ER

BULLETIN POSTED: February 12, 2004

FILING LOCATION:

[Department of Health Services](#)
Recruitment and Examining Office
5555 Ferguson Drive
Room 200-01
City of Commerce, CA 90022
(323) 890-7924

FILING INFORMATION & PERIOD: February 13, 2004 - Continuous Filing
8:00 AM - 5:00 PM

This examination is subject to close without notice.

AN ACTIVE EQUAL OPPORTUNITY EMPLOYER, THE COUNTY OF LOS ANGELES, DEPARTMENT OF HEALTH SERVICES WELCOMES ALL QUALIFIED MEN AND WOMEN REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, AGE, SEX, SEXUAL ORIENTATION, OR DISABILITY.

SENIOR DISASTER SERVICES ANALYST

MONTHLY SALARY: \$ 4,916.00 - \$ 6,107.18

EXAM No: Y-1515-D

POSITION INFORMATION: Conducts a wide range of studies and analyses of disaster services and emergency preparedness programs and plans. Positions allocable to this class typically report to a senior manager responsible for emergency/disaster preparedness programs in a large County department, and are distinguished by their responsibility for carrying out special studies, projects, and assignments, as directed. Positions in this class also act as team leader of staff assigned to assist them in the conduct of major studies or in providing for staffing of temporary emergency shelters. Incumbents of these positions must exercise a working knowledge of the Federal, State, and County policies, plans and guidelines for emergency/disaster management.

ESSENTIAL JOB FUNCTIONS: Assists in identifying and analyzing problems and complaints relating to disaster and emergency systems and recommends solutions to maximize effectiveness and efficiency; analyzes and interprets legislative proposals relating to emergency/disaster management systems and recommends amendments as needed; provides assistance to County departments on developing, coordination, and evaluation of building and facility evacuation and training programs; prepares and maintains emergency/disaster procedures manuals and assists in preparing educational materials and programs; gathers data needed to respond to correspondence or prepares reports requiring specialized knowledge of the County emergency/disaster and disaster services system; may supervise a work unit of program specialists responsible for ongoing emergency/disaster preparedness programs and planning in a large County department; serves as the Regional Disaster Medical/Health Coordinator coordinating the acquisition of medical and health mutual aid in response to requests from State Office of Emergency

Services in response to major disasters; acts as an agent of the State for the purpose of locating, mobilizing, and/or arranging local transportation requested by State officials; and may coordinate the receipt of casualties evacuated from a disaster area.

SELECTION REQUIREMENT: Three years of highly responsible experience at the level of Los Angeles County class of Disaster Services Analyst* dealing with the investigation and solution of problems of organizations, programs, system and procedures, or planning.

LICENSE: A valid California Class C Driver License or the ability to utilize an alternative method of transportation when needed to carry out job-related essential functions.

DESIRABLE QUALIFICATIONS:

- A Bachelor's degree or higher from an accredited** college or university.

REQUIREMENT INFORMATION: *Duties typically performed at the level of Los Angeles County class of Disaster Services Analyst are conducting investigations, analyses, and special studies of the more difficult and complex problems, plans, and programs involved in disaster/emergency preparedness.

Accredited institutions are those listed in the publications of regional, national or international accrediting agencies, which are accepted by the Department of Human Resources. Publications such as **American Universities and Colleges and **International Handbook of Universities** are acceptable references. Also acceptable, if appropriate, are degrees that have been evaluated and deemed to be equivalent to degrees from United States accredited institutions by an academic credential evaluation agency recognized by **The National Association of Credential Evaluation Services**.

SPECIAL INFORMATION: In case of a disaster or emergency appointees may be required to work any shift, including, evenings, nights, weekends and holidays.

INSTRUCTIONS FOR COMPLETING YOUR APPLICATION: Applicants must file the standard County of Los Angeles Employment Application ONLY. Applications filed at any other County location(s) will not be accepted unless they are received at the specified location ONLY.

In order to receive credit for any type of college degree, such as a BA, BS, or higher you must include a photocopy of the diploma with your application.

The acceptance of your application will depend on whether you have clearly shown that you meet the selection requirements. **Please be sure your application shows complete information, including dates for education and jobs held which relate to this position.** If your application is incomplete, it may be rejected at any stage of the selection process. In the space provided for education include the names and addresses of schools/colleges attended, titles of courses completed, dates completed and number of credits/units earned, degree(s) earned, dates completed and specialized field of study. **For each job held, give the name and address of your employer, your job title, beginning and ending dates, description of work performed and salary earned.** Attach an additional page(s) to your application, if necessary, to describe fully your related education and experience. All information supplied by applicants is subject to verification.

VETERANS PREFERENCE CREDIT: VETERANS PREFERENCE CREDIT of 10 points will be added to the final passing grade in any open competitive examination if you are an honorably discharged veteran who served in the Armed Forces of the United States:

- a. During a declared war or
- b. During the period April 28, 1952 through July 1, 1955 or
- c. For more than 180 consecutive days, other than for training, any part of which occurred after January 31, 1955, and before October 15, 1976 or
- d. In a campaign or expedition for which a campaign medal or expeditionary medal has been authorized and awarded.

This also applies to the spouse of such person who, while engaged in such service was wounded, disabled or crippled and thereby permanently prevented from engaging in any remunerative occupation, and also to the widow or widower of any such person who died or was killed while in such service. A DD214, Certificate of Discharge or Separation from Active Duty, or other official documents issued by the branch of service are required as verification of eligibility for Veterans preference. If you are unable to provide any documentation at the time of filing, the 10 points will be withheld until such time it is provided.

EXAMINATION INFORMATION: This examination will consist of an evaluation of education and experience based upon application information, weighted 100%.

VACANCY INFORMATION: The Eligible Register resulting from this examination will be used to fill vacancies throughout the Department of Health Services as they occur.

ELIGIBLE INFORMATION: Applications for this examination will be accepted until further notice. The names of candidates receiving a passing grade on the examination will be added to the Eligible Register, and unless, appointed will appear in the order of their score group for a period of at least twelve (12) months following the date of eligibility.

No person may compete in this examination more than once every twelve (12) months.

LOS ANGELES COUNTY CHILD SUPPORT COMPLIANCE PROGRAM: In an effort to improve compliance with court-ordered child, family and spousal support obligations, certain employment and identification information (i.e., name, address, Social Security Number and date of hire) is regularly reported to the State Directory of New Hires, which may assist in locating persons who owe these obligations. Family Code Section 17512 permits under certain circumstances for additional employment and identifying information to be requested. Applicants will not be disqualified from employment based on this information.

EMPLOYMENT ELIGIBILITY INFORMATION: Final appointment is contingent upon verification of U.S. Citizenship or the right to work in the United States. Immigration law provides that all persons hired after November 6, 1986, are required to present original documents to the County, **within three (3) business days of hiring**, which show satisfactory proof of: 1) identity and 2) U.S. employment eligibility.

All candidates will be required to provide positive identification before being admitted to written, interview, or performance examinations. Please bring to the examination a valid Driver License or another form of valid identification which has your photograph and signature (school or business I.D. card, building pass, professional license, valid passport, etc.)

Join the team that *BELIEVES IN BEING THE BEST!*

- Harbor-UCLA Medical Center • Health Services Administration • High Desert Health System
- LAC+USC Healthcare Network • M.L. King, Jr./Drew Medical Center • ValleyCare Olive View-UCLA Medical Center
- Public Health • Rancho Los Amigos National Rehabilitation Center



AN ACTIVE EQUAL OPPORTUNITY EMPLOYER

All applicants must complete the official [Employment Application form](#).

BULLETIN NUMBER: 2004-195-020:ER

BULLETIN POSTED: February 12, 2004

**COUNTY OF LOS ANGELES
EMPLOYMENT APPLICATION
INFORMATION SHEET**

Department of Human Resources
24-Hour Job Information Hotlines:
Open Competitive: (800) 970-5478
Transfers/Promotional Opportunities for current
County employees: (213) 974-8335
TTY: (800) 899-4099 <http://dhr.lacounty.info>

Please Read Carefully

1. COMPLETING YOUR APPLICATION:

- a. THE APPLICATION SHOULD BE COMPLETE AND ACCURATE BEFORE SIGNING. INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED.
- b. Your SOCIAL SECURITY NUMBER MUST BE INCLUDED for record control purposes. Federal law requires that all employed persons have a Social Security Number.
- c. To receive APPROPRIATE CREDIT, include a copy of your diploma, transcript, certificate, or license as directed on the bulletin.

2. MINIMUM OR SELECTION REQUIREMENTS are listed in the examination bulletin.

- a. YOUR APPLICATION WILL BE ACCEPTED ONLY IF IT CLEARLY SHOWS YOU MEET THE REQUIREMENTS. The information you provide will determine your eligibility and is subject to verification at any time.
- b. You must be at least 16 years of age at the time of appointment unless other age limits are stated on the bulletin. The Federal Age Discrimination in Employment Act (ADEA) of 1967, as amended, prohibits discrimination on the basis of age for any individual over age 40.
- c. Your experience may be paid or unpaid unless the bulletin states otherwise. Report it as "volunteer" or "unpaid" in the box for monthly salary. Experience is evaluated on the basis of a verifiable 40-hour week.

3. APPLICATION DEADLINE:

- a. If the bulletin has a closing date, submit the application and all required information as listed on the bulletin by the specified deadline. **POSTMARKS WILL NOT BE ACCEPTED. LATE APPLICATIONS WILL NOT BE ACCEPTED.**
- b. Applications for positions designated "**Apply in Person**" must be filed in person at the address given. Filing may be closed without notice.

4. PROMOTIONAL EXAMINATIONS:

- a. Please list separately the PAYROLL TITLE for each job. Do not group your experience. If more space is needed, attach additional sheet(s) to your application. Specify the beginning and ending dates for each job. If you have been promoted, do NOT list all of your time with the County under your present payroll title.
- b. Some of your experience may have been in a position in which such work is not typically performed. If such experience is permitted as indicated in the examination bulletin, it will not be considered unless it is verified in writing by your department's Human Resources Office. A signed Verification of Experience letter must be filed with your application or submitted by the last day for filing, or it will not be accepted.
- c. Permanent employees who have COMPLETED THEIR INITIAL PROBATIONARY PERIOD AND HOLD A QUALIFYING PAYROLL TITLE may file for promotional examinations if they are within six months of meeting the experience requirements by the last day of filing or as otherwise indicated on the bulletin.

5. VETERANS PREFERENCE CREDIT of 10 points will be added to your final passing grade in any open competitive examination if you are an honorably discharged veteran who served in the Armed Forces of the United States:

- a. During a declared war; or
 - b. During the period April 28, 1952 through July 1, 1955; or
 - c. For more than 180 consecutive days, other than for training, any part of which occurred after January 31, 1955, and before October 15, 1976; or
 - d. In a campaign or expedition for which a campaign medal or expeditionary medal has been authorized and awarded.
- This also applies to the spouse of such person who, while engaged in such service was wounded, disabled or crippled and thereby permanently prevented from engaging in any remunerative occupation, and also to the widow or widower of any such person who died or was killed while in such service. A DD214, Certificate of Discharge or Separation from Active Duty, or other official documents issued by the branch of service are required as verification of eligibility for Veterans Preference Credit. If you are unable to provide any documentation at the time of filing, the 10 points will be withheld until such time as it is provided.

6. CHANGE OF NAME OR ADDRESS should be reported in writing immediately to the department to which you submitted your application. Include your Social Security Number, former name and/or address, as well as your new name and/or address and the title(s) and number(s) of the examination(s) for which you have applied.

7. EQUAL EMPLOYMENT OPPORTUNITY/NON-DISCRIMINATION POLICY:

- a. It is the policy of the County of Los Angeles to provide equal employment opportunity for all qualified persons, regardless of race, color, religion, sex, national origin, age, sexual orientation or disability.
- b. If you require material in an ALTERNATE FORMAT or are an individual requesting REASONABLE ACCOMMODATION(S) in the examination process for a physical or mental disability, please CONTACT THE AMERICANS WITH DISABILITIES ACT (ADA) COORDINATOR LISTED ON THE EXAMINATION BULLETIN. The provision of reasonable accommodation may be subject to verification of disability as allowable with State and Federal law. All disability-related information will remain confidential.

8. RECORD OF CONVICTIONS: A full disclosure of all convictions is required. Failure to disclose convictions will result in disqualification. Not all convictions constitute an automatic bar to employment. Factors such as your age at the time of the offense(s), and the recency of offense(s) will be taken into account, as well as the relationship between the offense(s) and the job(s) for which you apply. However, any applicant for County employment who has been convicted of workers' compensation fraud is automatically barred from employment with the County of Los Angeles (County Code Section 5.12.110). **ANY CONVICTIONS OR COURT RECORDS WHICH ARE EXEMPTED BY A VALID COURT ORDER DO NOT HAVE TO BE INCLUDED.**



County of Los Angeles

EMPLOYMENT APPLICATION

Department of Human Resources

24-Hour Job Information Hotlines:

Open Competitive: (800) 970-5478

Transfers/Promotional Opportunities: (213) 974-8335

TTY: (800) 899-4099 <http://dhr.lacounty.info>

Please Print

Last

First

Middle

1a. EXAM NUMBER		1b. EXAMINATION TITLE		OFFICIAL USE ONLY		<input type="checkbox"/> ACCEPTED <input type="checkbox"/> DENIED	
2. SOCIAL SECURITY NUMBER (needed for record control purposes)				Analyst		Date	
3. NAME Last		First		M.I.			
OTHER NAMES USED IN EMPLOYMENT Last		First		M.I.			
4. ADDRESS Number		Street		Apt. #			
City		State		Zip			
5a. HOME PHONE ()		5b. BUSINESS/MESSAGE PHONE ()		Final Score		Group	
5c. E-MAIL ADDRESS				Veterans Credit		Withhold Date	
6. Please check all areas in which you would accept employment. You will be considered only for areas checked.							
A. <input type="checkbox"/> Any Area (If you check this box, no need to check any other area boxes.)							
B. <input type="checkbox"/> Antelope Valley Palmdale/Lancaster							
C. <input type="checkbox"/> San Fernando Valley Burbank/Glendale/Northridge/Santa Clarita							
D. <input type="checkbox"/> San Gabriel Valley Pasadena/Monterey Park/El Monte/Pomona							
E. <input type="checkbox"/> Metro Los Angeles/West Hollywood/Eagle Rock							
F. <input type="checkbox"/> West Malibu/Santa Monica/Beverly Hills							
G. <input type="checkbox"/> South Inglewood/ Compton /Willowbrook/Watts							
H. <input type="checkbox"/> East Montebello/ Downey /South Gate/Whittier							
I. <input type="checkbox"/> South Bay/Harbor Carson/Torrance/Long Beach/Hermosa Beach							
7. Indicate the type of appointment you will accept:							
A. <input type="checkbox"/> Full-time Permanent (40 hours per week)							
B. <input type="checkbox"/> Temporary							
C. <input type="checkbox"/> Recurrent, As Needed, or Seasonal							
8. Shifts you are willing to work:							
A. <input type="checkbox"/> Day B. <input type="checkbox"/> Evening C. <input type="checkbox"/> Night D. <input type="checkbox"/> Rotating E. <input type="checkbox"/> On Call F. <input type="checkbox"/> Weekend G. <input type="checkbox"/> Any							
9. Do you know any language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES indicate language(s):							
A. <input type="checkbox"/> Read <input type="checkbox"/> Speak <input type="checkbox"/> Write B. <input type="checkbox"/> Read <input type="checkbox"/> Speak <input type="checkbox"/> Write C. <input type="checkbox"/> Read <input type="checkbox"/> Speak <input type="checkbox"/> Write							
10. Have you ever been a County of Los Angeles employee? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," please complete the following information.							
Employee Number		Payroll Title		Item Number		Employment Status:	
Department				Department Number		<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Recurrent	
11. If a license or certificate (including Bilingual Certificate) is required for this job, list those you possess and provide dates of expiration.							
License or Certificate		Number		Date Issued		Expiration Date	
12. To qualify for employment you must be either (a) a citizen of the United States of America, or (b) a registered alien with government permission to work in this country. Does either statement (a) or (b) describe your status as a resident of this country? <input type="checkbox"/> YES <input type="checkbox"/> NO							
13. Do you claim Veterans Credit? (Veterans Credit is applicable to open competitive examinations only.) <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," attach a copy of your DD214, Certificate of Discharge or Separation from Active Duty, or other official documents issued by the branch of service. (See Application form Information Sheet for Veterans Credit criteria.)							
14. Have you ever been fired or asked to resign? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," please attach an explanation with the name and address of the company, and the date and the reason for the termination.							
15. Have you ever been convicted of a misdemeanor or felony by a criminal or military court? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," please complete the Record of Convictions section below.							
List all convictions. Attach an additional sheet if necessary.							
NAME (Please Print)		Last		First		M.I.	
OTHER NAMES USED							
SOCIAL SECURITY NUMBER		DATE OF BIRTH		Month		Day	
OFFENSE or CASE NAME (Give Penal or other code section if known)						CASE NUMBER	
CONVICTION/ORDER DATE		Month		Day		Year	
LOCATION OF COURT		City				State	
SENTENCE or FINE							

EDUCATION: High School Graduate? ☐ YES ☐ NO If “NO,” number of years completed in High School _____ GED Certificate ☐ YES ☐ NO
Show courses you have completed that are required and others directly related to the job for which you are applying. In order to receive CREDIT FOR COLLEGE WORK, be sure to include a copy of your diploma, transcript, or certificate unless otherwise directed by the job bulletin.

NAME AND LOCATION OF COLLEGES OR SCHOOLS ATTENDED	DATES ATTENDED	CREDITS COMPLETED		MAJOR SUBJECT OR COURSE	UNITS COMPLETED IN MAJOR	DEGREES OR CERTIFICATES RECEIVED
		SEMESTER	QUARTER			
	FROM					
	TO					
	FROM					
	TO					
	FROM					
	TO					
REQUIRED OR RELATED COURSES: (Attach an additional sheet if necessary to list all courses completed)						
SCHOOL	COURSE NAME	UNITS	SCHOOL	COURSE NAME	UNITS	

WORK EXPERIENCE: Beginning with your most recent experience, please account for all employment and any periods of unemployment in the last ten years. Include self-employment, military service, and volunteer work related to the job for which you are applying. Also list any jobs held more than ten years ago which relate to the duties of the job for which you are applying. Please list separately the PAYROLL TITLE of each job in which you have been employed. Describe the work you did as completely as possible and list each job separately. If you need additional space to describe your duties, you may attach a resume or additional documents to further describe your qualifications unless otherwise directed by the job bulletin. All the requested information MUST be completed.

PRESENT/LAST EMPLOYER or COUNTY DEPARTMENT										PAYROLL TITLE (for each title use a separate section)										NUMBER YOU SUPERVISED					
EMPLOYER'S ADDRESS										DUTIES															
CITY/STATE						ZIP CODE																			
FROM						TO						TOTAL MOS. WORKED													
Month		Day		Year		Month		Day		Year															
HOURS PER WEEK				SALARY						HOURLY <input type="checkbox"/>				MONTHLY <input type="checkbox"/>				REASON FOR LEAVING				Are you employed by this company now? <input type="checkbox"/> YES <input type="checkbox"/> NO If “YES,” may we contact your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EMPLOYER or COUNTY DEPARTMENT										PAYROLL TITLE (for each title use a separate section)										NUMBER YOU SUPERVISED					
EMPLOYER'S ADDRESS										DUTIES															
CITY/STATE						ZIP CODE																			
FROM						TO						TOTAL MOS. WORKED													
Month		Day		Year		Month		Day		Year															
HOURS PER WEEK				SALARY						HOURLY <input type="checkbox"/>				MONTHLY <input type="checkbox"/>				REASON FOR LEAVING							
EMPLOYER or COUNTY DEPARTMENT										PAYROLL TITLE (for each title use a separate section)										NUMBER YOU SUPERVISED					
EMPLOYER'S ADDRESS										DUTIES															
CITY/STATE						ZIP CODE																			
FROM						TO						TOTAL MOS. WORKED													
Month		Day		Year		Month		Day		Year															
HOURS PER WEEK				SALARY						HOURLY <input type="checkbox"/>				MONTHLY <input type="checkbox"/>				REASON FOR LEAVING							
EMPLOYER or COUNTY DEPARTMENT										PAYROLL TITLE (for each title use a separate section)										NUMBER YOU SUPERVISED					
EMPLOYER'S ADDRESS										DUTIES															
CITY/STATE						ZIP CODE																			
FROM						TO						TOTAL MOS. WORKED													
Month		Day		Year		Month		Day		Year															
HOURS PER WEEK				SALARY						HOURLY <input type="checkbox"/>				MONTHLY <input type="checkbox"/>				REASON FOR LEAVING							

Certification of Applicant: I certify that all statements made in this application and on any attachments included are true and complete to the best of my knowledge. I understand that any false statement(s) of material facts or omissions may subject me to disqualification or dismissal.

Print Name _____ Signature _____ Date _____

COUNTY OF LOS ANGELES

How did you learn about this position?

- A. ☐ Ad B. ☐ County Employee C. ☐ County Bulletin Board D. ☐ Campus Recruitment E. ☐ Library
F. ☐ Job Fair G. ☐ Internet H. ☐ Job Hotline I. ☐ Other

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

Exam Number: _____ Exam Title: _____

The following voluntary information is requested for the County of Los Angeles to evaluate its hiring practices and to prepare reports required by law for the State and Federal Government. This form will be detached from the employment application. This information will be confidential and will **NOT** be used to make a decision about your employment.

A. Please mark the group that best describes your race/ethnicity.				B. Gender	
1. <input type="checkbox"/> White		3. <input type="checkbox"/> Black/African American (not of Hispanic origin)		5. <input type="checkbox"/> Hispanic/Latino (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race)	
6. <input type="checkbox"/> American Indian (subject to verification)		7. <input type="checkbox"/> Asian or Pacific Islander (excluding Filipino)		8. <input type="checkbox"/> Filipino	
DATE OF BIRTH		Month	Day	Year	NAME Last First M.I.
<input type="checkbox"/> Disabled – A person with a disability is an individual who: (1) has a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; (2) has a record or history of such impairment or medical condition; (3) is regarded as having such an impairment or medical condition.					

AFTER FIVE DAYS RETURN TO

FIRST CLASS MAIL

PLACE
FIRST
CLASS
POSTAGE
HERE